

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program and for clients whose permanent housing status has changed while enrolled in a Rapid Re-Housing program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____
Middle Name: _____ Suffix: _____
Birthdate:* _____ Social Security Number:* _____

Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an * are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date:* _____ Case Assignment:*: _____

(ONLY REQUIRED FOR ESG, CoC and SSVF RAPID RE-HOUSING PARTICIPANTS)

Residential Move-In Information Date:* _____ (enter date permanent housing status assessed)
In Permanent Housing:* ☐ Yes ☐ No If Yes, Date of Move-In:* _____

Covered by Health Insurance:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Yes, Type:*

- ☐ Private – Employer
- ☐ Private – Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program
- ☐ Military Insurance
- ☐ State Funded (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other Public
- ☐ Other _____

Status:*

- ☐ Active
 - ☐ Start Date: _____
 - ☐ End Date: _____

☐ No

- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client did not apply
- ☐ Insurance type N/A for this client
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Data Not Collected
- ☐ No
- ☐ Client Refused

Currently Fleeing:*

- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Data Not Collected
- ☐ No
- ☐ Client Refused

If yes, when experience occurred:*

- ☐ Within the past three months
- ☐ Three to six months ago (excluding 6 months exactly)
- ☐ Six months to one year ago (excluding 1 year exactly)
- ☐ One year ago or more
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Financial Assessment:* Cash Income: * ☐ Yes ☐ No

- ☐ Earned Income \$ _____
- ☐ Private Disability Insurance \$ _____
- ☐ Unemployment Insurance \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ Pension From Former Job \$ _____
- ☐ Supplemental Security Income \$ _____
- ☐ Social Security Disability Income \$ _____
- ☐ Retirement (Social Security) \$ _____
- ☐ Alimony \$ _____
- ☐ VA Service-Connected Disability \$ _____
- ☐ VA NonService-Connected Disability \$ _____
- ☐ TANF \$ _____
- ☐ Child Support \$ _____
- ☐ Other Income \$ _____

Adult Education Assessment:*

Currently in School/Working on Degree:

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Received Vocational Training/Apprenticeship:

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Highest Grade Completed:*

- ☐ School program does not have grade levels ☐ High School Diploma
- ☐ Less than grade 5 ☐ GED
- ☐ Grades 5-6 ☐ Some college
- ☐ Grades 7-8 ☐ Client Doesn't Know
- ☐ 9th Grade ☐ Client Refused
- ☐ 10th Grade ☐ Data Not Collected
- ☐ 11th Grade
- ☐ 12 Grade, no diploma

Attendance Status:

- ☐ Attending school regularly ☐ Suspended
- ☐ Attending school irregularly ☐ Expelled
- ☐ Graduated from high school ☐ Client Doesn't Know
- ☐ Obtained GED ☐ Client Refused
- ☐ Dropped out ☐ Data Not Collected
- ☐ Suspended

Secondary Education:

- ☐ Associates Degree ☐ Doctorate ☐ Client Doesn't Know
- ☐ Bachelors ☐ Other Graduate/Professional Degree ☐ Client Refused
- ☐ Masters ☐ Certificate of Advanced Training or Skilled Artisan ☐ Data Not Collected

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- ☐ Temporary Rental Assistance (RRH) \$ _____
- ☐ Other Source

Child Education Assessment:*

Highest Grade Completed:*

- ☐ School program does not have grade levels ☐ 12 Grade, no diploma
- ☐ Less than grade 5 ☐ High School Diploma
- ☐ Grades 5-6 ☐ GED
- ☐ Grades 7-8 ☐ Some College
- ☐ 9th Grade ☐ Client Doesn't Know
- ☐ 10th Grade ☐ Client Refused
- ☐ 11th Grade ☐ Data Not Collected

Current Enrollment Status:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name: _____

Connected w/McKinney-Vento School Liaison?

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

*Self-Sufficiency Matrix and AMI Assessments
also available. Other helpful resources at
www.IndianaBOS.org.*